

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213549616		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE CENTREVILLE UNITED METHODIST CHURCH ENDOWMENTFUND</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DANIEL V. STAPLETON, JR. 1621 SUMMIT DRIVE HAYMARKET, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: 05116181</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 6400 OLD CENTREVILLE RD CITY/ST/ZIP: CENTREVILLE, VA 20121 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: BOB PUGH TITLE: TREASURER ADDRESS: 9526 CLEMATIS CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: Brandon Shepelak TITLE: CHAIRMAN ADDRESS: 15084 Stillfield Place CITY/ST/ZIP/CO: Centreville, VA 20120	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: SUSAN EGGLESTON TITLE: DIRECTOR ADDRESS: 4515 ORR DRIVE CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: Cyndi Robbins TITLE: DIRECTOR ADDRESS: 47387 Darkhollow Terrace CITY/ST/ZIP/CO: Sterling, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: LLOYD ROWLAND TITLE: DIRECTOR ADDRESS: 13930 SPRINGSTONE DR CITY/ST/ZIP/CO: CLIFTON, VA 20124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: James W SCHOONMAKER TITLE: DIRECTOR ADDRESS: 15053 WHITE POST CT CITY/ST/ZIP/CO: CENTREVILLE, VA 20121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANDON Whitacre DIRECTOR 14424 Round Lick Road CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL V STAPLETON DIRECTOR 1621 SUMMIT DRIVE HAYMARKET, VA 20169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Alexander DIRECTOR 732 Fox Chase Street Warrenton, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew M Shirley DIRECTOR 14710 Cranoke Street Centreville, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL V STAPLETON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL V STAPLETON, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	10/24/2013 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			